

FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3242

State File No. _____

Registration District No. 717

Primary Registration District No. 4427

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Richland Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

RUBEN LAMBERT EVANS

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex MO
5. Color or
race W

6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased May 3 - 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 9
If less than one day
hr. _____ min. _____

9. Birthplace Seath Co Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dean Fisher

(b) Address Richland Mo

17. (a) Bureau (b) Date thereof 12-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nichols Cemetery

18. (a) Signature of funeral director R. B. Dwyer

(b) Address Richland Mo

19. Jan 14 1942 (b) Ernest A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski
(c) City or town Richland 80
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 1942
year 1941 hour 9 minute 50 AM

21. I hereby certify that I attended the deceased from
March 10, 1940 to 12-12-1941
that I last saw him alive on 12-12-1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

arteriosclerosis
Due to _____ 97 5 years

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature R. B. Dwyer (M. D. or other) _____
Address Richland Mo Date signed 1-14-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1170

RECEIVED

Pulaski County Health Officer

File Number 242-92

Date Filed 2-3-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.